

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXI.

WEDNESDAY, JANUARY 29, 1845.

No. 26.

OPERATIONS FOR REMOVING CANCER OF THE BREAST.

From Dr. Muttet's Lecture on Modern Surgical Operations.

THE next question to which I shall direct your attention, is one of great practical importance, and one, too, upon which the profession has been very much divided. It is this:—"Is it best to remove a scirrhus tumor, involving either in part, or entirely, the female mamma?" To answer this question in a satisfactory manner, it is necessary to investigate, *first*, the results of the disease when left to itself; and *secondly*, the benefits likely to accrue from the performance of an operation, its effects upon the progress of the disease, and its dangers.

It is a melancholy truth that when left to itself this disease usually advances steadily, but with an unequal pace in different cases, involving as it progresses all adjacent tissues, especially the lymphatic glands, and ultimately terminating in ulceration of the most terrific character, and death—now a welcome messenger to the poor creature who, probably, for months has been a martyr to unspeakable sufferings, and a loathsome object to her friends. Rarely, though in some cases such a condition obtains, the tumor ceases to increase, the pain subsides, the general health grows tolerable, and the disease becoming indolent may last for many years (15 or 20—Brodie), without causing much inconvenience; in all such cases, no man in his common senses can ever think of operating. But, suppose the reverse of this condition obtains, and unfortunately such is but too often the fact, instead of remaining stationary, the disease is steadily advancing—what, under such circumstances, do the best authorities of Europe say as to the proper mode of treatment? They tell us, what I rejoice to say, the best teachers in our own land have over and over again urged upon the profession, viz.: That an operation, instead of *relieving*, often hastens a fatal termination of the case; for, although we remove the disease in one spot, it is almost sure to make its appearance in another, and that occasionally the patient sinks under the operation itself. This, gentlemen, is the result of the experience of the first men in Europe—particularly in England—who in such cases, rely exclusively upon a palliative treatment. It is true, that some of the French who adopt the view that cancer is invariably in its commencement a local disease, operate in cases where the English and American surgeons would hesitate to use the knife, but, as a general rule, they advise an *early* operation, before the system becomes involved, or *none at all*.

But it is urged by some, that we are justified in operating even in what are usually considered desperate cases, in order that the patient may obtain a respite, and possibly escape the horrors of ulcerated or open cancer. This is certainly a humane motive, and where the patient is young, or has some especial reason for wishing the nature of her disease concealed, and is willing to take all the responsibility of the result upon herself, after having been made aware of the almost certain failure of the operation, at least so far as regards a cure, and that she must die in a few months or a few years of the disease in some other organ, one might resort to the knife; but, gentlemen, whenever I have done so, it has been with an aching heart, and a most fervent wish that my patient had spared her surgeon and herself the terrible ordeal to which she is voluntarily subjected. With respect to some of the various attempts recently made to cure the disease radically, the plans of Jobert, Lisfranc, Dieffenbach, Phillips and Arnott, appear to have attracted some attention. The method of Jobert, which consists in the application of a ligature to all the principal arteries supplying the tumor, and the division of its nervous filaments, seems to have acquired no great reputation, and I scarcely heard it alluded to by the surgeons of London and Paris. The same may be said of the process of Lisfranc, which proposes, in cases of superficial cancer of any organ, the removal of the *diseased tissue*, either with the ligature or knife, leaving the organ upon which it happens to be located untouched. Occasionally this method proves useful, but is not to be compared with the ordinary operation of *complete excision* of both diseased tissue, and that with which it is in immediate contact. The method of Dieffenbach, Phillips, or Martinet de la Creuse, for all claim the merit of the invention, differs, as I have told some of you in another place, from the ordinary operation in this. Instead of allowing the wound made during the removal of the tumor to heal by granulation, which is usually permitted to a certain extent in all cases of extensive dissections, a flap of sound skin is taken from the adjacent parts, and brought over the raw surface, so that union takes place, and thus prevents the granulating process. It is supposed by the authors of this plan, that the application of the healthy skin to the surface from which the cancerous mass has been removed, will so change the vital actions in the part, that health will take the place of disease, and hence a return of the complaint be effectually prevented. But unfortunately, experience is against the operation, and if cancer is a constitutional affection, as it often is, it is difficult to imagine that it could prove so useful as we have been led to suppose. I have myself tried the experiment in two cases, one a patient operated on before the class, and the other occurring in the practice of my friend Dr. Noble. In both, the disease returned in the course of a few months, and I find such to have been the result in other instances—and the operation will in all probability be speedily forgotten, along with a host of other “novelties,” that are fast wending their way to “the tomb of all the Capulets!” The plan of Arnott, which has often been tried by others, and especially by Recamier, consists in the methodic and continued application of *pressure* to the diseased tissue. The only

novelty in this method of Arnott, is in the instrument he employs. Experience, so far at least, is also against this measure, but in hopeless cases, those, for instance, in which the knife promises nothing, it may be employed, as it will serve to satisfy the patient in part, and prevent, to a certain degree, that terrible "sickness of the heart," that overwhelms a poor sufferer when utterly abandoned by the surgeon. The "Dynamic" treatment of cancer proposed by Rognetta is attracting some attention; but as yet no definite conclusions in relation to its merits have been given to the profession.

INFLAMMATION OF THE PERITONEUM.

From Dr. G. J. B. Williams's Lectures on the Theory and Practice of Medicine.

WE now come to *diseases of the peritoneum*. The peritoneal membrane, or sac, is a serous membrane, lining to a great extent the abdominal viscera, as well as the walls of the abdomen. We shall, first, consider the inflammation of this membrane. What we have said, with regard to inflammation of the pleura, will serve as a sort of history of inflammation of the peritoneum; it is accompanied by the effusion of serum and lymph, and this, becoming organized, may lead to adhesion, in different parts, of the surfaces of this membrane. There are three things, here, proper to notice; for example, when any of the chief viscera of the abdomen, particularly the intestines, become intensely inflamed, the peritoneum can scarcely escape. It becomes, therefore, involved at the corresponding part, more especially so, perhaps, than in inflammations which take place in the pulmonary structure. In the slighter cases, the tenderness is confined to a part which we must consider as the point of the inflammation. In deep-seated inflammation, the functions of the viscus, in connection with the part, are apt to be deranged. The peritoneum is apt to be affected in cases of disease of the uterus, and in those of the liver, and the function of this latter organ is especially liable to be affected by it. Sometimes, when the disease arises from chill, there is general tenderness and soreness over the surface of the abdomen, and, after peritonitis has existed for some time in the abdomen, it will fix itself on one side—the left side or the right side. This will come under the head of partial peritonitis. There are many cases in which the inflammation is partial and not general.

The *symptoms of peritonitis* are, in the first place, rigors, general uneasiness, lassitude, and the pulse frequent and small. These symptoms are followed by heat of skin, headache, pulse hard, wiry, and more frequent; and then we have more or less pain in the abdomen, coming on with general heat, particularly of the abdomen, and tenderness on pressure. Sometimes, the pain is trifling at first, and fever comes on afterwards; and the pain may exhibit considerable variations in this respect. Sometimes, it is a sharp pricking pain, referred to some spot in particular, about the umbilicus, or in the hypochondriac or the iliac regions, being increased at times, apparently from the passing of the contents of the in-

testines. The feces, in passing, bring the peritoneum into a state of tension, which produces pain. This pain will vary very much at different times. The symptom, most commonly met with, is tenderness of the abdomen. That is present whether there is pain or not, as a general rule. Owing to this extreme tenderness, the patient lies on his back, with the knees drawn up to relax the muscles, and to prevent the tightening of the abdomen—not daring to stir or move from side to side, for fear of increasing the pain by any action of the muscles on the tender parts. Any movement of the muscles increases the pain, and such efforts as are induced, in making water or going to stool, often increase it greatly. Cough, or even breathing, will increase it, especially if the breathing be at all impeded. The tenderness, although a very constant symptom, varies much in degree. Sometimes it is extreme, and the patient cannot bear the weight of the bed-clothes. At other times, the patient, while in a quiet state, can bear great pressure, especially if equally performed, but he cannot tolerate the pressure, even of the point of the finger, when made during a full inspiration, where, in addition to the force used on the abdomen, there is a pressure given by the descent of the diaphragm. Another mode, by which the sensibility of the peritoneum may be tested, is by lateral pressure. This often affects the contents of the abdomen more evidently, displacing the viscera, and putting them more on the stretch. As the disease advances, we meet with some of the usual products of inflammation; serum is thrown out, and fluctuation will be perceptible in some parts. This, sometimes, occurs in a manner very difficult to be distinguished. It may not be perceptible at all in the anterior part of the abdomen, while the patient is lying down, but it is then to be sought for in the flanks. It scarcely can be called fluctuation in these cases. The amount of liquid is not sufficient to produce this; there is, however, a dulness on percussion in these regions. The anterior part of the abdomen is, at the same time, tympanitic; whether you strike hard or gently, the sound elicited is tympanitic. Thus, if there be any liquid in the flank, you will, by striking the finger on it, get a very dull sound; whereas, by percussing the abdomen, you get a tympanitic sound. This is a valuable means of detecting a very slight amount of liquid in the abdomen. Sometimes, the countenance will display uneasiness and anxiety; with great depression of spirits, there is a troublesome sensation of nausea, but unaccompanied by vomiting. This occurs where the inflammation is chiefly in the upper part of the abdomen, near to the stomach, but is not always present. There is thirst, and the bowels are generally confined, but not obstinately so, as in intense enteritis. The tongue usually exhibits a white fur, or presents a pink appearance, apparently arising from the redness of the tongue beneath this white coat. The urine is high colored and scanty. The symptoms generally connected with peritonitis, although inflammatory in the first instance, are soon accompanied by prostration; the pulse is rapid and small, the heat in the abdomen continuous, and the tongue generally dry. As the disease goes on, symptoms of collapse occur, being attended with syncope, and other signs of sinking. Sometimes, if the fever

increases, the patient becomes delirious, and the symptoms are aggravated, more particularly at night. In the advanced stage of the disease, the abdomen becomes tense and tympanitic. Sometimes, gastric irritation may occur with vomiting. The pupils are contracted, the countenance is expressive of extreme prostration and anxiety, cold sweats ensue, and death may occur at a period, varying from two days, as in cases of extreme severity, to two weeks or more. Sometimes, peritonitis may go on for twenty days before the fatal result. That happens in the chronic form. Attacks of acute peritonitis are brought on by suppression of the various discharges from the bowels, the kidneys, and the uterus, &c.; also, by extensive inflammation from wounds, either of the abdominal walls, or of the viscera. Ulceration, or perforation, of the intestines, or surgical operations, as for hernia, and so forth, will produce it. Excessive distension, too, becomes a cause, as in the case of ascites or tumors. Blows on the abdomen may also be enumerated. Puerperal peritonitis, in women, is a species of erysipelatous inflammation. In this case, the fever is more of a typhoid character. There are some points to be noticed in the symptoms of peritonitis, arising from perforations. I think I have already sketched out the manner in which the patient is affected in cases of perforation: violent pain in the abdomen, generally accompanied by sickness and vomiting, and the pain so acute as to bend the patient double; the pulse is very frequent and thready, and the countenance becomes extremely anxious and oppressed. We all know the peculiar aspect of the countenance—the heavy look, in congestive fevers; and when the patient has been all of a sudden seized with violent, cutting pains in the abdomen, how the character of the countenance is changed from this pallid, heavy, look. The eyes, half closed, become open and staring, straining anxiously for relief; the breath becomes hurried, and, altogether, an expression of extreme distress and agony is produced. These are the general characters of perforation of the peritoneum. With regard to the morbid anatomy of peritonitis, in violent cases, more or less liquid is generally effused, containing portions of lymph in shreds and patches: sometimes, the lymph is spread over the whole surface, and at other times, it exhibits itself in mere points; the latter is more usual in the chronic form. The redness is not very distinct; there are striated patches of redness, as in inflammation of the serous membranes generally, sometimes punctiform, more particularly in the chronic state.

The diagnosis of peritonitis is to be established: in the first place, from colic, by the continuance of the pain and the tenderness of the abdomen, as well as the presence of fever, and heat of the surface. The heat and presence of the tenderness, in peritonitis, are the most constant signs. From enteritis we distinguish it, by the absence of functional derangement of any one organ in particular, and by the non-existence of constipation. There is no violent vomiting, as indicative of gastritis; no dysentery, as in inflammation of the lower intestines; none of the symptoms indicating disease of the liver or of the kidneys, and so forth. It is a general inflammation, and the symptoms are those of a general disturbance of the system. In a few instances hysteria seems to resemble

peritonitis in a remarkable degree; the latter is to be distinguished, chiefly, by the permanent heat, pain and tenderness, which are fixed in one part, not moving from spot to spot; and, likewise, by the absence of hysterical symptoms. In hysterical affections, you find the pain more diffused than in peritonitis. You must remember, also, there may be peritonitis in hysterical subjects, in a slight form. Sometimes, the products of the disease will give additional indications. The presence of serum in the abdomen, together with pain, is a strong confirmation of the existence of peritoneal inflammation; likewise, it is known by the cracking sound of the abdomen, caused by the motions of the liver and of the intestines, when covered with lymph; Drs. Bright and Beattie speak of this sign. The descent of the diaphragm, by pushing down the liver, will cause this cracking sound.

The prognosis of peritonitis is very serious; it is a very dangerous disease, when it occupies a large extent of the peritoneum; and we must be guided in our judgment, not only by the local tenderness, but, also, by the constitutional state, and the character of the pains. It is a disease that can scarcely be combated, unless taken early. The prognosis is favorable in proportion as the patient can bear the treatment.

The treatment is to be chiefly antiphlogistic. In the early stage, free bloodletting should be employed, if the pulse is hard, until syncope is induced. After this, the local inflammation, that remains, must be reduced by free leeching, followed by large poultices, and these may be kept warm by being covered with oiled silk. Fomentations are very useful, but sometimes they are very troublesome to the patient. Calomel and opium should be given, every two or three hours, until the gums are affected. At a very early stage it is better to give one dose of some mild aperient: calomel with conium, or blue pill, followed by a dose of castor oil. The quantity of opium may be increased, if the pain is severe. Where the pulse is feeble from the beginning, as is sometimes the case in puerperal, or erysipelatous, peritonitis, bloodletting should be avoided. It would destroy the patient, to draw blood at the very outset. In these cases opium seems to be the chief remedy. The great object is, to keep the parts as quiet as possible. In case of peritonitis, connected with perforation, the disease is generally fatal; but if the peristaltic action can be kept quiet, until adhesion takes place, and the effusion of lymph can be stopped, the patient may do well. Dr. Stokes gives the case of a patient who recovered under such circumstances. It is of the greatest consequence, after peritonitis has been removed, to keep the bowels in a gently open state, and especially to avoid motion too soon. The patient should not get up in bed too quickly, as the exertions of the muscles of the trunk does violence to the recently-inflamed parts, and may reproduce the inflammation. The patient should be kept in bed, in a horizontal posture, for some time after the removal of the symptoms.—*London Med. Times.*

MEDICINAL PROPERTIES OF ERGOT AND QUININE.

By W. H. Luce, M.D., of Tisbury, Mass.

[Communicated for the Boston Medical and Surgical Journal.]

1.—ERGOT has been regarded, hitherto, more in relation to its local, specific action on the uterus, than as a general remedy; but recent observation of its effects has fully persuaded me, that in its general action, under certain morbid conditions of the system, it is a powerful sedative and febrifuge—possessing, in a high degree, the power of allaying irritation and fever.

This conclusion is derived from the following facts:—

A. P., aged 28, of delicate health, mother of one child. Aborted at the third month, on the 23d September, 1844. Got up and attended to her domestic affairs until the 28th, when she was seized with rigors, pain in head and back, &c., which augmenting on the 29th, she sent for me. Found her in bed. Pulse quick, frequent (115), contracted and easily compressed; skin hot and dry; face flushed; severe pain in head and back; tongue coated white, but moist; thirst; bowels confined, but not tender under pressure; has a slight discharge from uterus of a very foetid odor, but has experienced no pain in that region since her miscarriage. Satisfied that the source of all the trouble was to be found in the uterus, and that the irritation and fever were probably symptomatic, I made an examination. The os uteri was slightly open, thin and lax. Within, posteriorly, my finger came in contact with a large spongy mass, which I could move from side to side, but could not extract. The uterus was large, flabby and without tone. I did not think it prudent to introduce my hand, and having no instruments I resolved to try the effects of ergot. I accordingly gave her 3 ss. of pulv. ergot, and made an infusion in the proportion of 3 iss. to 3 iij. water, and ordered the nurse to give her a table spoonful every hour, until pain or some untoward symptom should forbid its further exhibition. At the expiration of seven hours, visited her again. The change was truly surprising. To my great astonishment and joy (for I felt great anxiety for the woman), every bad symptom had vanished. In the short space of seven hours, pain had ceased, the pulse become calm and regular, skin cool and no thirst. In short, every trace of irritative fever had disappeared, and she expressed herself as feeling like a new person. My first impression was, that the remedy had produced the desired effect—uterine contraction and the expulsion of the irritating mass, and consequently the subsidence of the sympathetic action. But on inquiry I learned that it had produced no pain, and to my surprise on examination, everything remained in the same state as at my previous visit. The only appreciable effect was slight nausea after taking the first dose, which soon passed off. With the aid of a blunt hook I succeeded in extracting the putrid mass, which emitted the most noisome stench. I ordered injections of solution of chloride of lime, a saline cathartic in the morning, and left her. Being called from home, I did not see her again for two days, when I found her sitting up, free from

disease, and comfortable in every respect, with the exception of slight debility.

Is the rapid and favorable change in the symptoms of the above case imputable to the remedy? or was it a mere chance occurrence, a freak of the *vis medicatrix*? For my own part, I have not the least hesitation in ascribing it to the ergot; for we have no reason to suppose that the symptoms would have abated, while the cause remained in force, without the interference of an active agent. Whether it will be found useful by others in similar cases, and other febrile affections, trial and observation can alone determine.

What is its *modus operandi*? Does its virtue reside in its nauseating properties? and ipecac. or antimony prove equally as efficient? Or does it act strictly as a sedative, independent of those properties? The latter would appear to be its true action; as the effects were more than commensurate with the slight nausea produced on its exhibition; and I think a more extended inquiry into its properties, and experience in its use, will corroborate this opinion.

2.—QUININE. It is not my intention to speculate on the nature or cause of fever, but it has often forcibly struck me, that in our common continued and typhoid fevers, their force was primarily directed upon the nervous centres, producing a very marked depressing influence upon the vital forces. This depression constitutes the first link in the chain of morbid phenomena. Hence the chills, languor, peculiar stiffness and aching of the head, eyeballs, back, &c., which all disappear as soon as reaction or fever is fully established. It occurred to me, if we could sustain the vital powers, and keep them as nearly up to the natural standard as possible, during this stage of depression and before reaction took place, we should be placing them in the best possible condition to withstand and eventually overcome the morbid depressing influences under which they were laboring, neutralize the morbid action, restore the balance in the system, and thus avoid the second link in the series, reaction or fever; in short, that we should forestall the stage of excitement by creating a new and healthy action, and thus break up the morbid series. From some trials which I have recently made with quinine, I think it to be the agent on which we can place the greatest reliance in the fulfilment of this indication. In adequate doses, in this depressed state of the system, its action approximates very nearly to that of health, diffusing a glow and feeling of warmth and comfort through the system, without undue action or excitement. It arouses the depressed powers, breaks up the morbid action and tendency to congestion in the viscera, and restores the system to health. The chills, headache and lassitude, give place to healthy excitement, which we should carefully sustain by giving the remedy in such doses and at such times as to keep up an uniform action. If the chills, &c., do not give way, continue the medicine and increase the dose. Be careful and not let the patient have a chill. If the stage of excitement comes on, lessen the dose and give effervescing draughts. By this means a uniform action will be kept up. A dose of grs. ij. every three or four hours, is generally sufficient to produce this effect. If there is great torpor and depression, its combination with carb. ammon. in warm wine

they, will arrest its action. If there is a tendency to diarrhœa, or it produce any nausea or griping, a few drops of tr. opii or sol. morph. will prove beneficial. The cases in which I have employed this remedy were chiefly those of an asthenic or typhoid character, in the first stages, with chills, languor and depression, feeling of stiffness in the head, eyes, and back, face pale, with an occasional flush; tongue coated, yellowish white, moist, red at edges and spotted, sometimes red, rough and dry, coated in patches, or finely sprinkled with minute grains; pulse quick and feeble; generally griping and pain in stomach and bowels, without any very serious local complications. In two cases, however, I have prescribed it where the patients were laboring under active febrile excitement, with flushed face, heavily coated tongue and rapid pulse, with marked benefit,—the fever abating, pulse becoming reduced in frequency but fuller, and the exacerbations declining, without in the least increasing the headache, thirst, or excitement.

In the case of a lady who had been sick ten days, and whom I found in a high state of fever, with a hot, dry skin, red and parched tongue, great thirst, flushed face, delirium, and profuse diarrhœa, I prescribed it in connection with opiates, absorbents and demulcents, and finally with camphor and carb. ammonia, with the most satisfactory results. All the symptoms gradually abated, and she recovered.

If complications of an inflammatory nature existed, it would perhaps be a dubious remedy, until these were subdued. The bowels should be well opened before, and occasionally during its use, by mild unirritating laxatives, as oil, rhubarb, &c., provided diarrhœa is not present; in this case recourse should be had to demulcents, fomentations, and slight opiates. Strong irritating cathartics, or the too frequent use of milder ones, cannot be too strongly reprobated, in fevers accompanied by much gastric irritation.

Quinine is a pure excitant and tonic, and as such has scarcely been thought of in the treatment of idiopathic fevers, with the exception of intermittents, remittents, and in the latter stages of typhus, where great prostration, &c., indicated its employment; but I believe it will be found *the remedy*, also, in all fevers of a low grade from the commencement, more especially in the formative stage. In inflammations and symptomatic fevers of a high grade, it probably has no place.

REMOVAL OF A TUMOR WITHOUT PAIN.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I was much gratified by your notice, a few weeks since, of Dr. Bodinier, of Paris. I have seen many of his operations in this city, and I am satisfied that his advent here will prove quite an era in the annals of American surgery. I have never in my life been more surprised, than on Thursday, the 16th of January, when invited by him to witness the following case.

I have, as you know, always been a disbeliever in Animal Magnetism.

I have never seen any experiments which were satisfactory, and those detailed by others I have thought could be explained without believing in Mesmerism. This case, however, was very astonishing. I will give you the facts, and you can draw your own conclusions.

Margaret S—, Chambers street, aged 22, of Irish descent, had been affected for five years with a lymphatic tumor in the parotid region, which had increased very rapidly during the last six months. Her health was excellent; she had no engorgements in any other part of the body, and no appearance of scrofula. The tumor threatened to cause great deformity, and she applied to Dr. Bodinier to have it extirpated. As Dr. B. had already operated successfully on two cases in Paris, at the Hospital St. Louis, while the patients were in a magnetic sleep, and as this seemed a favorable case for another attempt of the same character, it was proposed to Margaret S., who immediately assented to the experiment.

On the 29th of December Dr. Bodinier magnetized her, and succeeded on the first trial in putting her to sleep. This was repeated every other day, with a view to produce perfect insensibility, till the 16th of January, when the operation was performed. On that day I saw the patient at half past 11, A. M. She walked into the room apparently quite bright and talkative, and seemed in no wise sleepy. Seating herself in a chair, Dr. Bodinier commenced his passes; in five minutes I saw the eyelids droop, and at twenty minutes of 12 she was soundly asleep—the pulse and the respiration natural. Attempts were now made to wake her, but unsuccessfully. I remained till 12, A. M., during which time I examined the tumor, and the doctor described the operation about to be performed. I now left the patient to make a few visits, and returned at quarter past 1, P. M., in company with Dr. J. W. Francis, and Mr. J. S. Redfield, who had been invited to witness the operation. In a few minutes we were joined by Drs. Mott, J. Kearney Rodgers, Delafield, Robert Nelson, Isaac E. Taylor, Dr. Alfaro of Madrid, Mr. Paruly (the distinguished dentist), a physician from Buenos Ayres, and several others resident in the house. We now descended to the basement, where the female was still asleep. Everything being ready, Dr. Bodinier remarked, in French, that “the operation would not be a brilliant or rapid one, as he wished to preserve from injury the facial nerve, which is frequently divided in extirpating tumors from this region; and that consequently, instead of making his incision from the external auditory foramen, to below the lower angle of the jaw (the extent of the tumor), he should commence it about half an inch below the lobe of the ear, and behind the angle of the jaw, carrying it downward in the direction of the folds of the chin in that region, with a view to avoid the division of the facial nerve and consequent paralysis of the parts to which it is distributed, and also to conceal the cicatrix as much as possible.”

The skin was now divided, for about an inch and a half, with a convex bistoury, and also the sub-cutaneous cellular tissue, the aponeurosis in the parotid region, and a portion of the parotid gland itself, and the lower half of the tumor was exposed; the upper end of the incision was now

raised and held with a blunt hook, and also the branches of the facial nerve in that region; the lower part of the tumor was grasped with the *pincers de Museux*, and drawn downward; and then, instead of completing the operation with the bistoury, by which the facial nerve would have been exposed, the tumor was raised from its bed and separated from its attachments by the blunt edge of a pair of curved scissors. The tumor was now removed, and proved to be the size of a pullet's egg. No large vessels were divided, the facial nerve was saved, and but little hemorrhage ensued. The operation was performed in two and a half minutes. A stitch of suture was now inserted, the edges of the wound were brought together, and it was dressed.

You may imagine my surprise to see that the patient was perfectly unconscious during this operation. The pulse remained natural, the respiration was not hurried, not a feature of the face changed for a moment, but the patient slept as quietly and profoundly as an infant in its cradle. Most of the other gentlemen who witnessed the operation seemed as much surprised as myself, but one could not disbelieve his eyes. The operation being completed, Dr. Bodinier stated that the patient would not be awakened immediately, as this would cause her pain, but that the sleep would be continued by the magnetic passes till quarter past 4, P. M., when she would be awakened, and requested those gentlemen who wished, to return at that hour.

On going to the house again, at the time appointed, I found there Drs. Taylor, Parmly, and several others. After a few passes, the patient was awaked. I immediately inquired, "if she felt any pain in any part?" She answered, "no, but her limbs were weary." I asked her "if she had suffered during her sleep?" She said "no." "If she had been cut while asleep?" She said "no, that the operation was to be performed the next day," as Dr. B. had told her would be the case. She was now shown the tumor, and seemed much surprised and gratified. She remained up till 8, P. M., when she went to bed. She laid in bed the next two days, everything went on well, and now, the third day, the wound has united by the first intention, everything promises a speedy recovery, and the patient has been free from suffering.

I have thus, my dear Sir, given you a minute and true detail of the most singular case I have ever witnessed. I leave you to draw your own conclusions. The high character and established reputation of Dr. Bodinier, in Europe, forbid all suspicion of collusion, even if one were inclined to doubt his own eyesight.

A. SIDNEY DOANE.

32 Warren St., New York, Jan. 20th, 1845.

MEDICAL PRACTICE IN CHINA.

[THE following letter from Dr. Cumming, a young American physician now in Amoy (China), is taken from the Southern Medical and Surgical Journal.]

"In your letter, you request me to send home accounts of our medi-

cal operations. Up to this time there has been so little of order and method in my practice, that I have had few opportunities of observing cases long enough and well enough for description. Of the history of the cases, there is often little or nothing known by the patients. They seem to forget the dates and peculiarities of their disorder with the greatest facility. But as we learn more of the language, this difficulty will be diminished, as we may do much towards refreshing their memories by pertinent questions. As yet, all description must be most general. The most common of all the disorders is gastralgia (generally complicated with pyrosis)—of 388 new cases received during February and March, there were 68 of this disease, 13 of simple indigestion, 9 of simple pyrosis, making 90 affections of the stomach. Of coughs (principally bronchitis) 56, asthma 15, rheumatism 17, pains (from falls, &c.) 18, of affections of the skin 20, and miscellaneous medical cases 23. Of keratitis 32, conjunctivitis 25, blepharitis 18, opacity of cornea 14, trichiasis 6, iritis 3, staphyloma of iris, 3, miscellaneous affections of the eye 7 (of which 1 of melanosis)—eye cases 108. Syphilis 17, other affections of the genital organs 5, otitis 3, ulcers 8, miscellaneous medical cases 8. Of all these diseases, the acute inflammation of the eye and the affections of the stomach are most frequently cured. For the former, we cup, purge, blister and anoint. I have recently been much pleased with an ointment of sulphate of copper—I use from 8 gr. to 16 gr. per ounce of lard. For gastralgias, &c., we have almost a specific in a preparation of pepper 5 parts, and rhubarb 6 parts; we make 133 pills of an ounce of this mixture, and give six pills daily, 2 an hour before each meal; it has done admirably thus far (nearly two years). For the cough, we use ipecac. or tartar emetic pills, with some success (12 gr. of the former or 3 of the latter, in twelve doses daily). Many cases of asthma are much relieved by belladonna and ipecac. pills. For rheumatism we blister and give Dover's powders. For syphilis, corrosive sublimate pills 1-6 gr. each, beginning with two a day and going on to ten. In cases of opacity of cornea, we blow into the eye a mixture of sugar candy and red precipitate, finely powdered—this is done from two to six times daily. In these we are quite successful. Of hydroceles, we see a great many—I punctured two to-day, but our patients are generally satisfied with having it emptied, go away very much rejoiced and never come back. We have quite a number of miscellaneous surgical cases, such as whitlows, abscesses, wounds (especially among the sailors), bruises, &c. &c.

"I suppose that you have heard that Dr. Hepburn, of the Presbyterian Board, came here in November. He is fast picking up the language, and is a good deal interested in medical matters. We rented two houses in Amoy about the end of the year, and I came over the 19th of January. Since the opening of our dispensary here, we have many more patients than before. Since the beginning of February, Dr. H. and I have had more than 560 new cases, averaging 10 daily—they are also of a more interesting kind than formerly, there being a far larger proportion of acute cases. Our dispensary consists of a front room 42 by 21, in which the patients are seated, and a back room 18 by 21, in which

are our medicines and in which we carry on our operations. We have two assistants (Chinese servants), who can cup, spread blisters, &c., make pills and help us in many ways. I am desirous of getting three or four youths trained as regular assistants; with these, we could accomplish far more than at present. My teacher thinks of learning the business. Of medicines we have had a pretty good supply, and we expect that Mr. Boone will make permanent arrangements on this point. We are even now looking out for a stock just arrived from the United States. We have opened a hospital also, principally for cases of cataract. We have room for 50 patients, but have now only 8. If we succeed in our first operations for cataract, I think we shall have multitudes of cases. What we need is skill, and if we acquire that, we may do a great deal of good. In time, I have no doubt that we shall be able to send home some interesting articles, but it will take considerable additions to my knowledge both of medicine and Chinese, before such memoirs can have much value.

"Our missionary medical body in China is increasing in number. A Dr. McCarter, of New York, has recently arrived, sent out by the Presbyterian Board, with a printer. We learn from home that Mr. Boone hopes to bring out a number of new missionaries—they will be welcome, for they are much needed. Dr. McGowan, of the Baptist Board, expects to settle at Ningpo—he was there during the winter, and had many patients. As soon as we can have access to the neighboring cities, we shall have an immense field for medical practice; and I think it likely that we should be tolerated where no one else would. Within forty miles from Amoy, there are probably more than three millions of people. How fine a field for medical enterprise! Amoy might be made the central station, from which medicines, &c., could be forwarded to other places. In a few years there will be ample employment for scores of physicians. And if we hope to raise up men among the Chinese to practise the healing art, we cannot expect that three or four teachers, having their hands full of work, will be able to do much. If those Christians who complain that they can find nothing to do as physicians at home, would come hither, their complaints would soon cease. And for men anxious to learn, here is a fine opportunity. If we had the funds for a large hospital, we could easily keep it full. By feeding the patients, we could keep them as long as we desired, and by judicious selection we could soon beat any hospital in Europe, for we have a population around us, and an absence of competition which would draw hither all, of medical importance, for many leagues in the interior, so that La Charité and l'Hotel Dieu, of Paris, would be completely eclipsed. May that day come."

"There is, perhaps, no quality attached to a correct professional character, more fascinating to the generality of mankind, than a bland, gentle, humane mode of examining and prescribing for the sick. It steals like the sweetest notes of music into the bosom of the unhappy sufferer, and imparts a presentiment that all will go well."

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JANUARY 29, 1845.

Petrification of Animal Bodies.—Some recent discoveries in the Territory of Iowa have resulted in determining the fact that there are certain localities, in that far-off region, where bodies of animals, after being buried a short time, are converted into stone—or, in other words, the particles of organized matter are mysteriously exchanged for lime, without essentially deranging the color or arrangement of parts. What is to prevent some ingenious investigator from detecting nature in the very midst of her operations in this matter? The great discovery by Dr. Segato, who died without divulging the marvellous method which he could practise of turning the entire human body into solid stone, at his pleasure, unquestionably had its origin in surprising this same dame nature at her occult labors. There was no mistake in the character of his surprising lapidific achievements: the astonishing monuments of the perfectibility to which Dr. Segato carried the art of converting single organs, groups of viscera, or the entire mass of a dead body, into stone, are the richest public gems in Italy. There they are, to be seen and to be wondered at by travellers from all sections of the civilized world. No attempts appear to have been made, of late, to re-discover the lost secret—simply because it is supposed to be locked up in the archives of unknown things, apparently forever beyond the ken of human investigation. Chemistry offers no assistance in a search of the recipe; and explorations by the learned, with a view of recovering the magic wand, which, in the hand of Segato, at his individual bidding, transformed a being, once endowed with life, into an unyielding statue of marble, of late seem to have been wholly abandoned.

Let not this hint be lost upon Iowa philosophers.—Those who are visiting that great territory, so rich in agricultural and mineral resources, should investigate every circumstance connected with the developments alluded to in the extract appended to these observations. Five months ago we were ranging over the great prairies of the far west; and the impressions made by the scenery of the Falls of St. Anthony, and that of other places in that region, cannot easily be forgotten. Had the phenomenon here detailed by a letter writer, been announced while we were there, investigations would have been immediately instituted. A correspondent of the New Hampshire Patriot, writes as follows respecting the above-named discovery.

"There is something in the nature of the soil which petrifies many substances, such as shells, wood, bark, fish, feathers, and insects and reptiles. I have seen them of all these various kinds—some very natural fish and insects, and I saw one complete wing with all the feathers. There was a very singular instance of petrification discovered yesterday in this town. The citizens have built a new cemetery, and have removed many of their friends from the old graveyard to it. Many of the coffins have been found to be unusually heavy, even of small children. Yesterday, in attempting to remove a Mrs. Evans, who had been dead about

five years, they found it difficult to get the coffin out of the grave, and curiosity excited them to open it, when they found it in a state of petrification. The nose and some parts of the face were decayed, but the neck and the wrinkles in the flesh were perfectly natural. The flesh on one of the legs had the appearance of what is usually termed goose-flesh. Petrification was not entirely complete, except on the exterior. I did not see the body, but I saw some pieces taken from it. They had the appearance of lime-stone. So much for the marvellous. But singular as it may be, it is true."

The Medical Press at Home and Abroad.—The late edition of Dr. Reese's "Cooper's Surgical Dictionary," including the notes and appendix, are now in the hands of Dr. Antoine, of Milan, who is translating the whole into the Italian language. Dr. Reese has received a complimentary letter from him, in which he expresses his purpose to do justice to American surgery, which, strange to relate, has never yet been done in Europe, except by Dr. Reese's labors so far as Dr. Cooper has republished them.

Among the late, meritorious English works which have reached New York, is a volume on Deafness, by Dr. Yearsley, of London, whose contributions to Aural Surgery entitle him to great credit. Another is Dr. Bird's late work on Urinary Deposits, their diagnosis, pathology, and therapeutical indications, which is thought well worthy of republication here. His investigations of this obscure subject have been conducted in Guy's Hospital, and this work contains much that is new and important. Also, Sir Geo. Lefevre's work entitled "an apology for the nerves, or their influence and importance in disease and health." It is an able and profound treatise on the physiology of the nervous system, written in an attractive and popular style, and is worth a reprint.

From Paris, there has arrived the second edition, just published, of Prof. Masse's complete Anatomical Atlas, on a small scale, duodecimo, the plates being 112 in number, and richly colored, accompanied by a brief text, with minute explanations. It is judged to be the most perfect work of the kind ever issued from the press, comprising the whole of descriptive anatomy, including osteology, syndesmology, myology, aponeurology, splanchnology, angiology and neurology in its classification. We understand that Dr. Reese proposes translating it, for an American edition by the Harpers, which though expensive to get out, could not fail to be extensively patronized. We have never seen a more beautifully-executed treatise. It could not be in better hands for an American dress, and we sincerely hope Dr. Reese will immediately enter upon the labor. His reputation, joined with the bibliographical influence of the Harpers, would ensure an extensive and productive sale.

Diseases of the Respiratory Organs.—Such has been the widely extended circulation of the essays on the diseases of the lungs, by C. J. B. Williams, M.D., both in the Library of Practical Medicine and the medical periodicals, that nothing new can be said of them. In an American edition just published by Lea & Blanchard, additions have made by Dr. Clymer, of Philadelphia, which give an increased interest to the text.

An impression is entertained, perhaps founded in truth, that it is becoming a distinct trade, in this country, to re-vamp foreign books for our home market, by appending the name of an American note-maker. If European authors do not remonstrate against these affixes, when in some instances the design is obviously for the sole purpose of rising into notice on the car-wheels of a distinguished writer, we have no right to complain. Books thus re-modelled cost no more, and we often find, as in the present instance, important facts superadded, of incalculable value to the every-day practitioner.

In appearance this volume is well constructed, having both good paper and binding. Two of the engravings, illustrative of the relation of the lungs to other organs, &c., are very fair. Copies are to be had at Messrs. Ticknor & Co.'s, Washington street.

Taylor's Medical Jurisprudence.—This volume, says the author, may be regarded as the completion of a work, of which one volume was published in 1836, under the title of *Elements of Medical Jurisprudence*. Mr. Taylor is known to the medical world as a lecturer in Guy's Hospital, on the subject upon which he has written in this work. A man cannot hold a place there whose intellectual calibre is not of the dimensions for conveying great as well as just thoughts. An edition of this standard production is now offered to American readers at a small cost, in which R. E. Griffith, M.D., of Philadelphia, has been adding copious notes and additions to enhance its practical value. He assures the reader that Dr. Beck's elegant and finished treatise, does not preclude the want of one like this. The leading divisions of the text are in the following order, viz. : *poisoning* ; *wounds* ; *infanticide* ; *suffocation* ; *legitimacy* ; *insanity*, &c. There are sixty-five chapters, embracing a vast amount of matter. As a whole, the book is a desirable one for any gentleman's library, and we wish it were on every practitioner's table. Lea & Blanchard, Philadelphia, are the publishers, and Ticknor & Co. have copies in Boston.

Massachusetts Eye and Ear Infirmary.—So well does this charity stand in public estimation, that the prospect of being sustained ultimately in a way to command all the conveniences that are really necessary, is quite encouraging. If more frequent bulletins of the operations at the Infirmary were published, the benevolent would be reminded of its existence : these annual reports are not enough to awaken all the interest that the subject demands. Out of sight, out of mind—a saying as old as the English language—is as true in regard to institutions, as to the claims of deserving individuals. More and better accommodations are required for the Infirmary. Many last wills and testaments would, perhaps, have been made in favor of this excellent establishment, if the rich stewards under Providence had been apprised of its wants. The Massachusetts General Hospital, the McLean Asylum, &c., have been refreshed with golden showers from year to year, till they have grown into colossal size, without importuning the public. As it is, the Infirmary has been a State beneficiary, in the sum of \$5,000 per annum for some years. We hope to see a new and lofty edifice on the valuable site of the old building now in use, of a commanding exterior, and furnished with all the

modern fixtures and appliances which science or humanity require for bettering the condition of those whose last hope of restoration to vision centres there.

Cleft Palate Needle.—Operators will agree in saying, we imagine, that the difficulty of stitching together the sides of a cleft soft palate, is rendered infinitely more difficult in consequence of the imperfection of the instruments commonly in use. How is it possible, with any needle known to surgeons, to carry stitches safely or securely, in this operation, precisely where they are required? This embarrassment has induced Dr. Smiley, of Derry, N. H., the most ingenious and truly original surgical instrument inventor in the States, to investigate the subject, with a view to devising instruments more appropriate, and thus rendering the success of the operation less doubtful. His palate needle is perhaps nine inches long, including an ivory handle. The point is carried off nearly at a right angle from the main shaft, the eye being perhaps three quarters of an inch from the angle. With this, the operator can direct a ligature just where he chooses, with perfect ease, undisturbed by the flow of blood from the freshly cut surfaces. Accompanying the needle, is a delicate steel hook at the extremity of a small staff, which enables the surgeon to command the thread when carried through by the needle. We regard these two simple contrivances as altogether superior to any tools now known to the profession for the closing of cleft palates. We foresee that their intrinsic value will lead to their extensive multiplication by manufacturers.

Legislative Establishment of Medical Fees.—A Mr. Jamison, in the Indiana Legislature, recently introduced a resolution, inquiring into the expediency of restricting physicians within reasonable bounds in their charges for visiting the sick. The probability is, that he is unwilling to pay anything. Physicians in that State are miserably paid for their services, as all other professional men are; and unless the people there are more prompt in settling the small charges the medical gentlemen present for keeping the bodies of the people in better condition than the Representatives to the General Court do the finances of the State, they will be obliged to emigrate to Wisconsin and Iowa, the most promising and fertile regions of the West.

Boston Society for Medical Improvement.—At one of the late meetings of this Society, Drs. Hooker of Cambridge, Bartlett of New Bedford, Cotting of Roxbury, and Sargent of Worcester, were elected members. This was an excellent movement; and if the Society has a desire to extend the sphere of its influence, gentlemen in various parts of the country, distinguished for their professional energy and attainments, should be invited to become associates. The cabinet is one of rare value in morbid anatomy.

Dictionary of Technical Terms.—Why are no copies of this little pocket prompter, by David M. Reese, M.D., of New York, on sale in Bos-

ton? It is spoken of as a favorite with medical students in the former place. If it is popular there, it should be equally so in Boston. We only know of its advent, but can give no account of its size, shape or character, having never seen a sample.

Law respecting Dissections in Massachusetts.—The notice in last week's Journal, that a committee had been appointed in our legislature to consider the expediency of *repealing* the present law, which provides that the bodies of paupers, buried at the expense of the State, shall be given up for anatomical purposes, was a mistake. Dr. Buck, of Boston, moved an *amendment* of the act, so that overseers of the poor, almshouse keepers, &c., instead of obstructing the intentions of the legislature, by keeping back such subjects as the law contemplates, shall aid and assist in delivering them over. There is need enough of the alteration, since a few obnoxious individuals have taken upon themselves, in repeated instances, to thwart the legal provisions for the extension of anatomical knowledge.

Massachusetts Medical College.—The number of students attending the medical lectures of Harvard University in Boston, this season, is one hundred and fifty-seven, being the largest class ever in the city. They are as follows. From Canada 7, Nova Scotia 2, Maine 7, New Hampshire 14, Massachusetts 102, Rhode Island 8, Connecticut 5, New York 3, New Jersey 1, Pennsylvania 1, Maryland 1, Washington city 2, South Carolina 1, Georgia 1, Louisiana 1, Germany 1=157.

Ohio Lunatic Asylum.—From the Sixth Annual Report we learn that the number of patients in the Asylum at the end of last year, was 148. Admitted the present year, 68. Whole number under care during the present year, 216; average number in the Asylum for the present year, 149. 70 were discharged the present year—recovered, 40; incurable, 23; died, 7. 38 recent cases were discharged the present year—recovered, 34; incurable, 3; died, 1. 32 old cases were discharged the present year—recovered, 6; incurable, 20; died, 6. Per cent. of recoveries on all cases discharged the present year, 57.14. Per cent. of recoveries on all recent cases discharged the present year, 89.47. Per cent. of recoveries on all the old cases discharged the present year, including 9 removed by friends, and 13 discharged by the Directors for want of room, 18.75. Number of incurables discharged and removed the present year, 29. Of these, 5 were improved, 18 stationary, and 6 died. Per cent. of deaths the present year, 4.02. Proportion of deaths the present year, 1 of 36. Number in the Asylum at the end of the present year, 146—old cases, 106; recent cases, 40.

Charta Vesicatoria.—M. Heuster communicates the following recipe: R. Cerae citrinæ 3jss.; ol. canthar. 3j.; spermacet. 3vj.; terebinth. latic. 3ij. Melt together. When nearly cold, the mass is to be spread on paper. To keep the blister open, he recommends the following composition:—R. Emplastr. diachyl. simpl. 3vj.; resin. depur., cerae cit.

rinæ, olei olivar. aa 3ij.; Terebinth. 3v. Melt.—*Scheidemandel in Buchner's Repertorium.*

Medical Miscellany.—The black tongue, so called, about which physicians of the far West are not all agreed, is now raging again with fearful violence in Gibson Co., Iowa.—Mr. Lyell's tour in America, embracing principally geological subjects, is to be on sale about the 20th of Feb.—Rumor says the yellow fever has appeared on board the U. S. Brig Somers, now at Pensacola.—Dr. John S. Griscom gave a lecture in New York, lately, on *Sanitary Reform*, which is well spoken of in the New York Observer—a judiciously-conducted religious paper.—The books of the dispensary physicians of New York, show that nearly 50,000 persons applied for medical relief last season.—Dr. Darby, who has devoted much time to the consideration of the statistics of this country, estimates that the population of the United States, in 1901, will be 101,553,377.—The papers say that Dr. Dixon, of New York, has succeeded in restoring the sight of three aged persons of New Jersey—one being 74, and one 80 years of age.—Dr. Masby, of Virginia, fought a duel the other day, with a lieutenant of the Navy—no harm done.—Dr. Doane, of New York, has completed the translation of Lugol on Scrofula, an important work, which is now in the hands of the binder.—Dr. D. S. Macgowan, formerly a contributor to this Journal, when a resident of New York, is now at Hongkong, China. He will please accept our thanks for a favor by the last arrival.—A Report of the Medical Missionary Society of China, for 1844, will have an early notice. From July, 1843, to Jan. 1844, there were presented to the hospitals of Chusan and Ningpo, 1642 cases. At Shanghai, from Feb. 18th to April 30th, 1844, there were 3,764 cases. The Chinese bear operations as quietly as an oyster!

MARRIED.—In South Reading, Dr. J. D. Mansfield to Miss Mary Wiley.—Dr. Lowell H. Holbrook, of Thompson, Conn., to Miss P. Fisher.—Joseph C. Wycokoff, M.D., of Butternutts, Otsego County, N. Y., to Miss Eliza Ann Case, of Franklin, Delaware County.

DIED.—In the village of Cooperstown, Otsego County, N. Y., Jan. 16th, Ariel Spaford, M.D., aged 59. As a physician, Dr. Spaford ranked among the first. All subjects connected with his profession were treated with great deliberation, just discrimination and sound judgment. He was a safe, successful, and strictly conscientious practitioner. Towards the members of his profession, he always bore himself honorably, and with the highest degree of professional courtesy. Society will feel the loss of such a man; the poor and destitute will miss him, for "he never turned his face from any poor man." Numerous friends mourn his departure; an affectionate family and relatives are overwhelmed by this tide of sorrow. But in this darkest hour of calamity a light is reflected from above, unspeakably refreshing. Dr. Spaford died a Christian, "in the confidence of a certain faith, in the comfort of a reasonable, religious and holy hope; and in perfect charity with the world."—In New York, Dr. William Langstaff, 52.—At Newburgh, Ohio, Dr. Horace Filley, 35.—At New Orleans, Dr. James M. Morrill, 45, formerly of Danville, Vt.

Number of deaths in Boston, for the week ending Jan. 25, 39—Males, 20; Females, 19. Stillborn, 10.

Of consumption, 3—croup, 2—infantile, 2—lung fever, 7—intemperance, 1—tumor, 1—compound fracture, 1—apoplexy, 1—marasmus, 2—brain fever, 1—inflammation of the bowels, 1—dropsy on the brain, 2—fracture, 1—inflammation on the lungs, 3—rheumatic fever, 1—old age, 2—cholera morbus, 1—scarlet fever, 1—internal disease, 1—fits, 1—pleurisy fever, 1—teething, 1—child-bed, 2.

Under 5 years, 19—between 5 and 20 years, 3—between 20 and 60 years, 10—over 60 years, 7.

Medical Institution of Yale College.—The annual examination of candidates in this institution commenced on Wednesday, the 15th inst., and continued two days. Present on the part of the Connecticut Medical Society, Luther Ticknor, M.D., of Salisbury, *President*; Charles Woodward, M.D., of Middletown, Silas Fuller, M.D., of Hartford, Archibald Welch, M.D., of Wethersfield, and Rufus Blakeman, M.D., of Fairfield; and on the part of Yale College, Professors Silliman, Ives, Knight, Beers, Hooker and Bronson.

Eleven candidates, who had attended two full courses of lectures, and complied with the other legal requirements, were admitted to the degree of Doctor in Medicine, by President Day, of Yale College, viz.: James Austin, B.A., Union College, Carmel, N. Y.—On *Remittent Fever*. Gardner Barlow, Meriden—On *The Demerits of Empiricism*. Edward McEwen Beardsley, Monroe—On *Puerperal Fever*. Joseph Edgar Clark, Rootstown, Ohio—On *Medical Chemistry*. Robert Wasson Forbes, B.A., New Haven—*The Valedictory Address*. Benjamin Maltby Fowler, New Haven—On *The Importance of the general diffusion of Elementary Medical Education*. Hiram Holt Loomis, Woodstock—On *The Fatal Circulation*. William Henry Rossell, Trenton, N. J.—On *Ophthalmia*. John Hanson Thompson, Philadelphia, Pa.—On *Necrosis*. Edward Goodrich Ufford, South Hadley, Mass.—On *Scarlatina*. Enoch Tenney Winter, New Haven—On *Scrofula*.

On Wednesday afternoon, the *Valedictory Address* was pronounced in the College Chapel, by Robert Wasson Forbes, B.A., one of the candidates, and the *Annual Address* to the candidates by Charles Woodward, M.D., of Middletown, of the Board of Examiners.

William H. Cogswell, M.D., of Plainfield, is appointed to give the Annual Address to the candidates at the examination in 1846, and Rufus Blakeman, M.D., of Fairfield, his substitute.

Vermont Medical Society.—The following persons have been elected officers for the ensuing year. Anderson G. Dana, *Brandon, President*; Horace Eaton, *Enosburgh, Vice President*; Z. P. Burnham, *Montpelier, Secretary*; J. A. Allen, *Middlebury, Corresponding Secretary*; James Spalding, *Montpelier, Treasurer*. Charles Hall, Noadiah Swift, Orange Smith, J. B. Porter, Eldad Alexander, J. Rice, John Dewey, H. H. Reynolds, B. R. Palmer, John L. Chandler, W. R. Ranney, Walter Carpenter, and James Tinker, *Censors*. Drs. J. A. Allen and A. G. Dana were appointed delegates to attend the examination of students at Castleton Medical College; and Drs. W. R. Ranney and J. Y. Dewey, delegates to the Woodstock Medical Institution. A semi-annual meeting is to be held at Castleton at the close of the lecture term in the spring. Dr. Allen is appointed to deliver an address at the semi-annual meeting. Drs. Eaton and Rockwell are appointed to deliver one at the annual meeting.

Laporte University, Indiana.—Professors: Anatomy, Dr. Richards, of St. Charles, Ill.; Adj. Professor Anatomy, Dr. Shipman, of Cortlandville, N. Y.; Theory and Practice, Dr. Brown, of Kalamazoo, Mich.; Mat. Med., Dr. Knapp, of Chicago, Ill.; Chemistry, Dr. Niles, of Laporte; Surgery, Dr. Meeker, of Laporte; Midwifery, Dr. Hard, of St. Charles, Ill. The Medical Class, the present session, is said to number forty-four.—*Bulletin of Med. Science.*

